## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax

(703) 746-4000

| INSTRUCTIONS: This for appropriate. All further conditional indicated unless corrected maintenance fee notification                                   | respondence including the below or directed otherwise   | smitting the ISSU<br>Patent, advance or<br>in Block 1, by (a | E FEE and P<br>ders and notif<br>) specifying a  | PUBLICATION FEE (if ication of maintenance for new correspondence add   | required). Blocks 1 through 5 ees will be mailed to the curren dress; and/or (b) indicating a sep   | should be completed where<br>t correspondence address as<br>parate "FEE ADDRESS" for                                       |
|---|---|--|--|---|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  |   |  |  | Note: A certifica<br>Fee(s) Transmitta  | te of mailing can only be used  1. This certificate cannot be used  | for domestic mailings of the   |
| 34351 7590 01/31/2005   |   |  |  | papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |   |  |
| IRENE HU<br>2033 RALSTON A<br>BELMONT, CA 94  |   | APR  | 2 7 2005   | I hereby certify the States Postal Servaddressed to the transmitted to the  | Certificate of Mailing or Transat this Fee(s) Transmittal is being vice with sufficient postage for final Stop ISSUE FEE address USPTO (703) 746-4000, on the | nsmission  Ing deposited with the United  Inst class mail in an envelope  Inst above, or being facsimile  Indicated below. |
| 04/28/2005 TBESHAH2 0   | 0000016 10658431  | \ <del>2</del> .   |  | IRENE_  | Hug   | (Depositor's name) (Signature)   |
| 01 FC:2501  |   |  | PADEMARKO!   |   | There The   |  |
| 700.00 OP   |   |  | MAIDLE   | 4-25-   | 4-25-2005   |  |
| APPLICATION NO.   | FILING DATE   |  | FIRST NAMED  | INVENTOR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.   |
| 10/658,431  | 09/08/2003  |  | Stanley M  | . Chang   | IAT-P002  | 4726   |
| TITLE OF INVENTION: IN  | NTEGRATED MULTI-CHI                                     | CONNECTOR N  | MODULE AN  | D METHOD  |   |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE  |  | PUBLICATION FEE   | TOTAL FEE(S) DUE  | DATE DUE   |
| nonprovisional  | YES   | \$700  |  | \$0   | \$700   | 05/02/2005   |
| EXAMINER  |   | ART UNIT   |  | CLASS-SUBCLASS  |   |  |
| PRASAD, CHANDRIKA   |   | 2839   |  | 439-065000  |   | :  |
| 1. Change of correspondence CFR 1.363).   | e address or indication of "Fe                          | ee Address" (37  | •  | ing on the patent front pa  |   |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  |   |  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a       |   |   |  |
| "Fee Address" indication (or "Fee Address" Indication form<br>PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer<br>Number is required. |   |  | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |   |   |  |
| 3. ASSIGNEE NAME AND  | RESIDENCE DATA TO B                                     | E PRINTED ON T   | HE PATENT  | (print or type)   |   |  |
| PLEASE NOTE: Unless recordation as set forth in   | an assignee is identified be 37 CFR 3.11. Completion of | low, no assignee of this form is NOT                         | data will appe<br>Ta substitute fo   | ar on the patent. If an a or filing an assignment.  | ssignee is identified below, the  | document has been filed for  |
| (A) NAME OF ASSIGN  | (B  | B) RESIDENCE: (CITY and STATE OR COUNTRY)                    |  |   |   |  |
|   |   |  |  |   |   |  |
| Please check the appropriate  | assignee category or categor                            | ries (will not be pri  | nted on the pa   | tent): 🗖 Individual 🤅   | Corporation or other private g  | roup entity Government   |
| 4a. The following fee(s) are enclosed:  4b. Pay   |   |  |  | ` '   |   |  |
| Issue Fee   | mall entity discount permitte                           |  | A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.   |   |   |  |
| Advance Order - # of  |   |  | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to   |   |   |  |
|   |   |  | Deposit Accor  | unt Number  | (enclose an extra   | copy of this form).  |
| _ ` .   | (from status indicated above MALL ENTITY status. See 3  | <i>*</i>   | ☐ h Applica  | nt is no longer claiming S  | MALL ENTITY status. See 37 C  | TER 1 27(a)(2)   |
| •••   |   |  |  |   | ously paid issue fee to the applic<br>registered attorney or agent; or to   |  |
| Authorized Signature She  |   |  |  |   | 4-25-2005   |  |
| Typed or printed name   |   |  |  | ation No. 34, 625   |   |  |
| This collection of informatio   | n is required by 37 CFR 1.3                             | 1. The information   | n is required to   | obtain or retain a benefit  | by the public which is to file (an  | d by the USPTO to process)   |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.